



Bayou Health Administrative Corrections for Retroactive Enrollment and Retroactive Disenrollment-Monthly Process

On a monthly basis, DHH identifies paid claims associated with administration corrections of member's linkages into Bayou Health Plans. These linkage corrections are necessary to ensure compliance with internal policies, approved Medicaid State Plan and maintaining audit controls.

For Claims Processed by Molina:

The transactions occur around mid-month for corrections made to member linkages in the prior month. In this process, Molina identifies claims paid in Legacy Medicaid, the incorrect entity, and processes voids for these claims with **denial reason code 999 - Administrative Correction** - on the Remittance Advice.

In order to rebill, providers must verify the correct entity based on the date of service by using either MEVS or REVS. To obtain consideration for payment, providers are required to submit claims using plan specific guidelines documented in this IB to the correct entity **no later than 6 months from the date the claim is voided**.

If PA or Pre-Cert was obtained on the original claim, providers will not be required to obtain additional authorization when submitting these specific prior-paid claims to the correct entity.

Documentation must accompany claims verifying the voided claim. This documentation of the voided claim supports both the prior payment and the authorization of the service. Claims submitted within 6 months of the void date will not be denied based on timely filing.

Guidelines for Resubmitting Voided Claims:

AmeriHealth Caritas Louisiana (ACLA):

To request payment for voided claims pertaining to members retroactively enrolled with AmeriHealth Caritas Louisiana, please submit the hard copy claims with the supporting Remittance Advice from Molina of the voided claim to our local office to avoid inappropriate denials. Only send claims pertaining to voids and retro-eligibility to: AmeriHealth Caritas Louisiana, Attn: Claim & EOB – Retro Project, PO Box 83580, Baton Rouge, LA, 70884

UnitedHealthcare Community Plan (UHC) Claims submitted for payment due to retro enrollment must be submitted hardcopy along with required documentation to: United Healthcare – P. O. Box 31341 – Salt Lake City, UT 84131-0341

Aetna Better Health of Louisiana To ensure accurate payment for claims for members who have been retroactively enrolled with Aetna Better Health of Louisiana, please submit the claim(s) with the supporting Remittance Advice from Molina to our local office. These claims can be emailed to: LouisianaProviderRelationsDepartment@Aetna.com or mailed to Aetna Better Health of Louisiana, Attn: Claims Educator – Retro-Enrollment, 2400 Veterans Memorial Blvd., Suite 200, Kenner, LA 70062.

Louisiana Healthcare Connections (LHC)

Submit the original red and white claims no later than 6 months from the date the claim is voided. Please resubmit these initially voided claims to: ATTN: Molina Voided Claims Project 8585 Archives Avenue, Suite 310, Baton Rouge, LA 70809

AmeriGroup Louisiana (AMG)

Claim submissions related to Legacy Medicaid Administrative Corrections for retro enrolled members must be submitted to the Metairie Amerigroup Louisiana, Inc. location to avoid incorrect denials. Please submit a hard copy of each claim, along with a copy of the voided Explanation of Payment to: Attn: Internal Resolution Unit, Amerigroup Louisiana, Inc., 3850 North Causeway Boulevard, Ste. 600, Metairie, LA 70002.

Questions may be sent to Bayou Health at bayouhealth@la.gov, with the subject lined addressed to “Retro Claims.